

HIV and AIDS in the United States by Geographic Distribution

June 2012

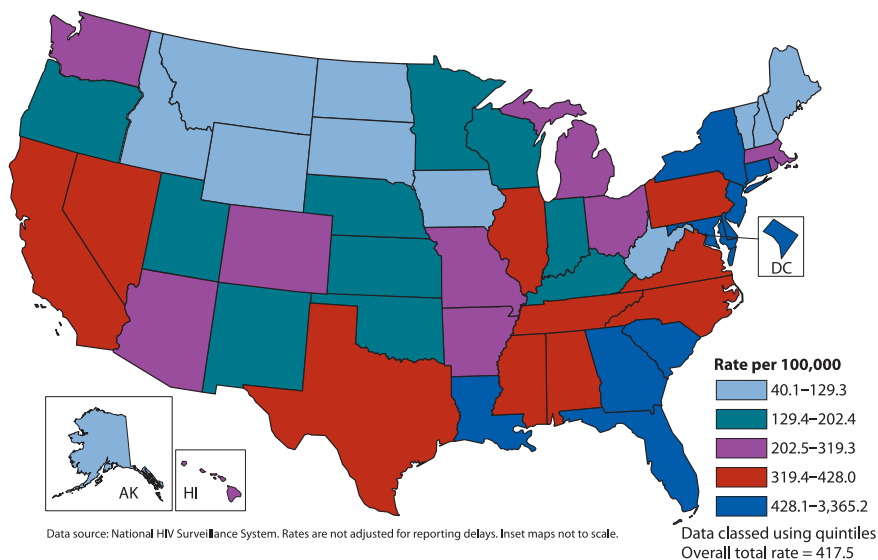
In the United States, the HIV and AIDS epidemic is not evenly distributed across states and regions. Generally, HIV and AIDS are concentrated in urban areas, so states reporting higher rates of persons living with a diagnosis of HIV infection or AIDS usually contain major metropolitan areas where their epidemics are focused. However, some generalities about the epidemic can be understood by considering regional aspects. For example, at the end of 2009, the *rate* (which takes into account the size of the population by noting the number of cases per 100,000 people) of persons living with an AIDS diagnosis was highest in the Northeast, followed by the South, the West, and the Midwest¹, even though the estimated *number* of adults and adolescents living with an AIDS diagnosis was highest in the South. In 2010, blacks accounted for the largest proportion of AIDS diagnoses in all regions except the West, where whites accounted for the highest proportion of diagnoses.

Understanding the places and populations that are most affected by HIV and AIDS allows the federal government to allocate its resources in such a way that they are matched to the geographic areas where they are needed most, while still supporting a basic level of HIV education and prevention for everyone across the country.

HIV in the United States

The following map shows the ranges of rates of persons living with a diagnosis of HIV infection at the end of 2008, by state; predominantly, states in the South and the Northeast report the highest rates. In 2008, the overall total rate for persons living with a diagnosis of HIV infection in the United States was 417.5/100,000 population.

Rates of Persons Aged 18–64 Years Living with a Diagnosis of HIV Infection, Year-End 2008—United States²



AIDS in the United States

New AIDS diagnoses: At the end of 2010, the South accounted for 45% of the estimated 33,015 new AIDS diagnoses in the 50 states and the District of Columbia, followed by the Northeast (24%), the West (19%), and the Midwest (13%).

In 2010, the Northeast reported the highest rate of new AIDS diagnoses (14.2/100,000), followed by the South (13.0/100,000), the West (8.8/100,000), and the Midwest (6.3/100,000).

Living with an AIDS diagnosis: In 2009, the South accounted for 40% of the estimated 476,732 persons living with an AIDS diagnosis in the 50 states and the District of Columbia, followed by the Northeast (29%), the West (20%), and the Midwest (11%).

In 2009, the Northeast reported the highest rate of persons per 100,000 population living with an AIDS diagnosis (248.7/100,000), followed by the South (169.5/100,000), the West (133.6/100,000), and the Midwest (77.2/100,000).

AIDS deaths: In 2009, the South accounted for 48% of the 17,774 persons with a diagnosis of AIDS who died in the 50 states and the District of Columbia, followed by the Northeast (24%), the West (17%), and the Midwest (11%).

That same year, the Northeast reported the highest rate of deaths of persons with AIDS (7.7/100,000), followed by the South (7.6/100,000), the West (4.2/100,000), and the Midwest (2.8/100,000).

Deaths of persons with an AIDS diagnosis may be due to any cause.

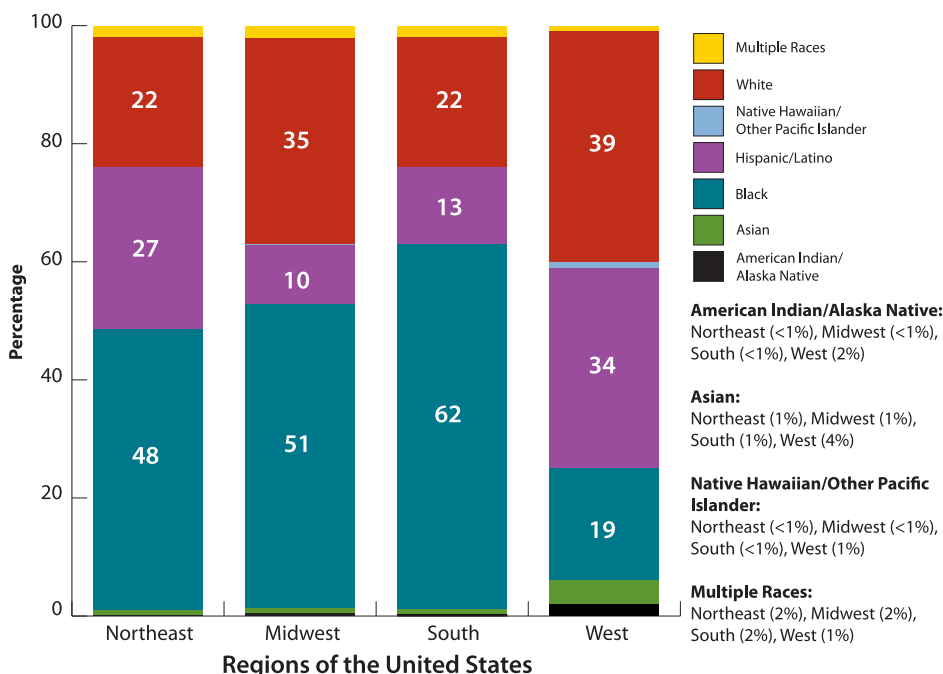
¹ Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT; Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI; South: AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV; and West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

² To provide population rates of persons living with a diagnosis of HIV for every state, this map uses unadjusted data from CDC's National HIV Surveillance System.

AIDS in the United States, by Race/Ethnicity

Most people receiving an AIDS diagnosis in 2010 or living with an AIDS diagnosis at the end of 2009 were black, white, or Latino, reflecting the majority population groups of the United States.

Race/Ethnicity of Persons Diagnosed with AIDS in 2010 in the 50 States and District of Columbia, by Region of Residence



However, HIV and AIDS strongly affect some of the smaller population groups in the United States, an effect that may not always be noted because of the relatively small number of cases among these groups. For example, by year-end 2009, American Indians/Alaska Natives living in the Northeast had almost the same rate of persons living with an AIDS diagnosis (86.8/100,000 people) as whites in this region (87.6/100,000).

What CDC Is Doing

Because the HIV epidemic is not evenly distributed across the country, CDC uses a strategy called **High-Impact Prevention** that invests its HIV prevention resources in the places and populations most affected by HIV and encourages the use of programs that will be most effective in those jurisdictions.

Examples of CDC's targeted approach to HIV prevention follow:

- The **Enhanced Comprehensive HIV Prevention Planning Project (ECHPP)** is a 3-year demonstration project intended to maximize the impact of HIV prevention in the 12 metropolitan statistical areas with the highest AIDS prevalence in the United States³. The flexibility of ECHPP allows each site to create HIV prevention plans using HIV interventions that should be most effective in their specific jurisdictions. CDC maintains an **ECHPP website** (<http://www.cdc.gov/hiv/strategy/echpp/index.htm>) with a project overview and descriptions of each jurisdiction's activities.
- The **Expanded Testing Initiative (ETI)** is a large-scale HIV testing program intended for populations disproportionately affected by HIV. During the first 3 years of the program, CDC invested more than \$100 million in ETI to test 2.7 million persons for HIV, resulting in 0.7% with newly identified HIV diagnoses and averting an estimated 3,381 new HIV infections. Importantly, ETI achieved a return of \$1.95 for every dollar invested—showing that an investment in HIV testing can save money over time. Research shows that once people learn of their HIV infection, they are likely to take steps to protect their partners from becoming infected.
- **Funding for state and local health departments** is CDC's most significant HIV investment. CDC allocates its HIV and AIDS funding for health departments to closely align with the geographic areas and populations most affected by the epidemic. These programs channel more resources to the areas that need them the most, while still ensuring that all persons in the United States have a basic understanding of HIV, know how to protect themselves from becoming infected, know where to get an HIV test, and understand the importance of treatment. Therefore, all states receive a basic level of HIV funding to achieve these goals.

CDC is guided in its efforts to end the HIV epidemic in the United States by the **2010 National HIV/AIDS Strategy** (<http://www.whitehouse.gov/administration/eop/onap/nhas>), which calls for reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

³ Atlanta; Baltimore; Chicago; Dallas; Houston; Los Angeles; Miami; New York; Philadelphia; Washington, DC; San Francisco; San Juan, PR.

Additional Resources:

CDC-INFO
1-800-CDC-INFO (232-4636)
cdcinfo@cdc.gov
Get answers to questions and locate HIV testing sites.

CDC HIV Web Site
www.cdc.gov/hiv

CDC National HIV Testing Resources
<http://hivtest.cdc.gov>
Text your ZIP code to KNOW IT or 566948. Locate an HIV testing site near you.

CDC National Prevention Information Network (NPIN)
1-800-458-5231
www.cdcpin.org
Technical assistance and resources.

AIDSinfo
1-800-448-0440
www.aidsinfo.nih.gov
Treatment and clinical trials.

AIDS.gov
www.aids.gov
Comprehensive government HIV resources.